

Mr. Vanderbilt's Painful Heart Trouble

Peculiar Facts About Angina Pectoris Which, in the Most Agonizing Paroxysms, Cannot Be Relieved with Morphine



William K. Vanderbilt, Sr., the Head of the Vanderbilt Family.

if the paroxysms reached the stage where it was not safe to use morphine or the pain was so intense that the opiate failed to dull it.

Mr. W. K. Vanderbilt has his city residence at No. 660 Fifth avenue and owns a magnificent country place, "Idle Hour," at Oakdale, Long Island, and has at times maintained a chateau and a very elaborate racing and horse-breeding estate in France, and his great sea-going yacht, the *Valiant*, was well known all over the world.

But in neither town house, country estate, nor on his yacht is the millionaire safe from the attacks of this distressing disease. It is a curious irony of fate that a man with everything worth while to live for should be pursued by the haunting shadow of these attacks of excruciating pain.

Mr. Vanderbilt has been fortunate throughout his life in possessing excellent health. He has lived moderately and taken good care of himself. About fifteen years ago it was reported that he had an affliction of a curious nature which afflicted the fingers of both hands. The fingers were contracting and becoming stiff.

This contraction of the flexor tendons which pulled the fingers toward the palm is caused by an inflammation of some sort which is generally considered to be due to overloading the stomach with rich foods in too great a quantity to be assimilated by the system. The toxic poisons from the undigested food pass into the blood and cause inflammation.

About eighteen years ago while in Paris Mr. Vanderbilt was attended by Professor Gauthier for rheumatism, and when the bill came in the millionaire was astonished to find that he had been charged only \$2 a visit. It was reported at the time, but later denied, that Mr. Vanderbilt, in his pleased surprise, sent the honest French specialist a check for a million francs for not overcharging him.

One other curious personal incident is reported in connection with Mr. Vanderbilt. One day in Paris he was examining some unmounted precious stones placed before him by a dealer's agent. Mr. Vanderbilt placed a pearl between his teeth to test its hardness, and overcome by a desire to sneeze at this moment he opened his mouth and the pearl flew down his throat.

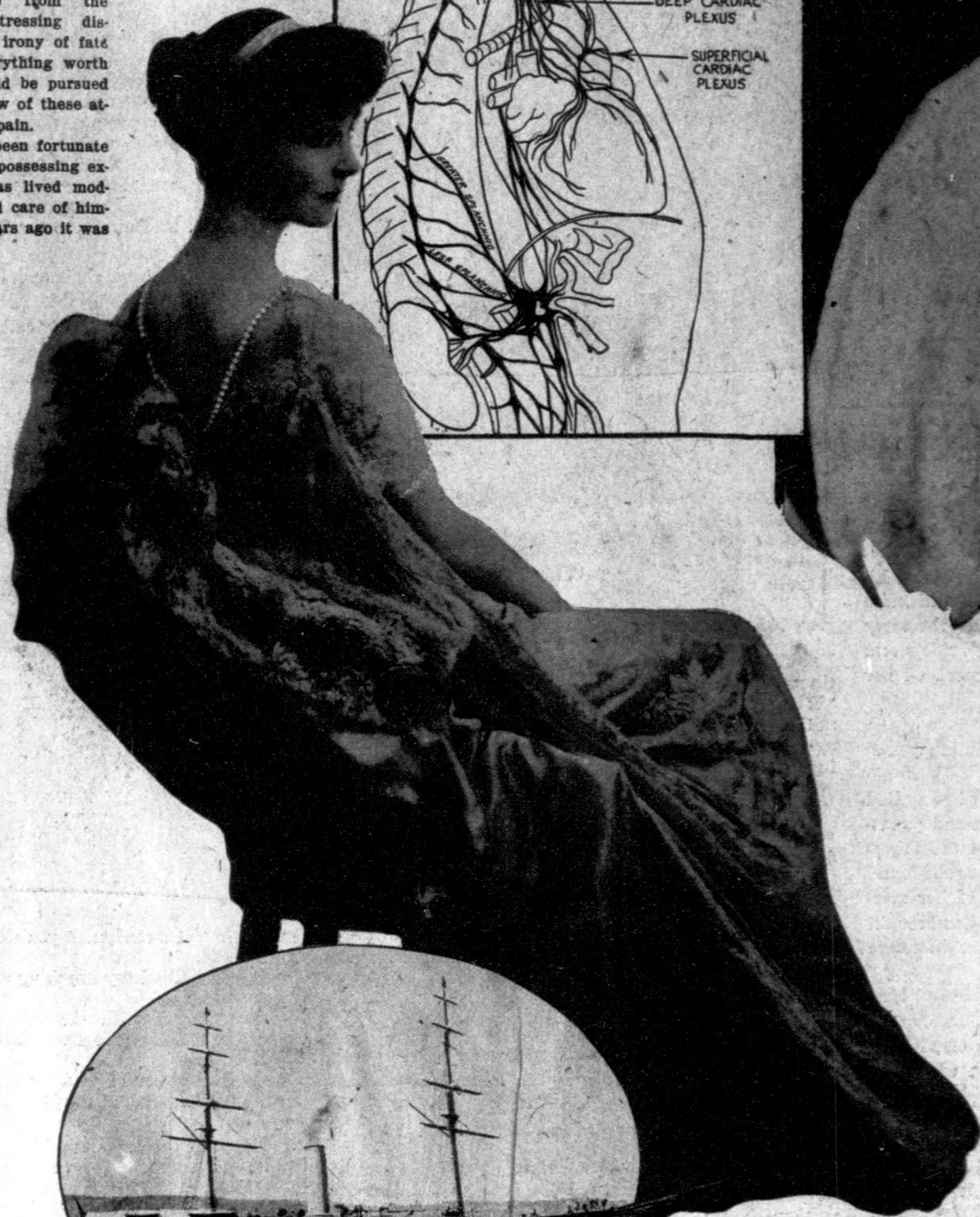
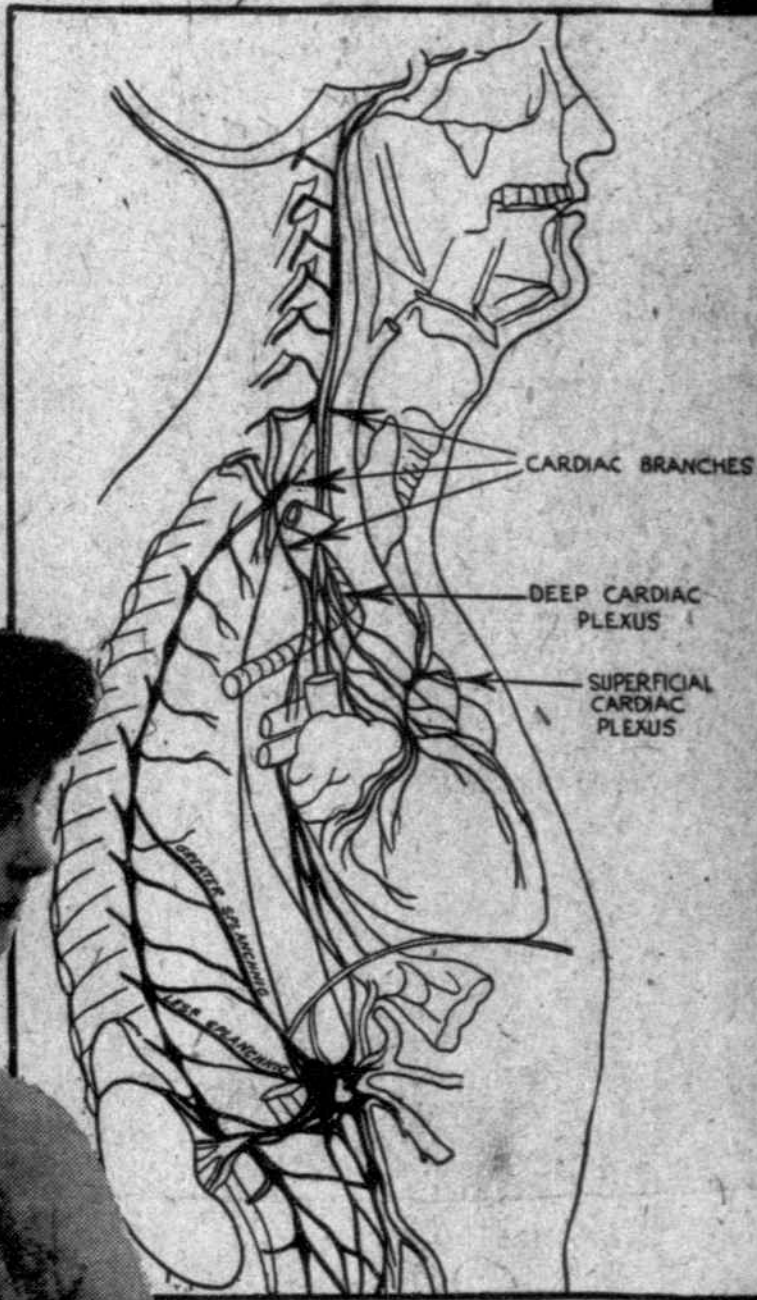
Millionaire and jeweler stared at each other a moment. The millionaire thought of his digestion, the dealer thought of the price of the vanished pearl. Mr. Vanderbilt instantly interpreted the look of dismay on the face of the dealer and relieved the poor man's anxiety by the magic words:

"How much?"

An attack of angina pectoris usually comes on with a sudden seizure of pain, felt at first over the region of the heart, but radiating through the chest in various directions, and frequently extending down the left arm. A feeling of constriction and of suffocation, accompanies the pain, although there is seldom actual difficulty in breathing. When the attack comes on, as it often does, in the course of some bodily exertion, the sufferer is at once brought to rest, and during the continuance of the paroxysm experiences the most intense agony.

The countenance becomes pale, the surface of the body cold, the pulse feeble and death appears to be imminent, when suddenly the attack subsides and complete relief is obtained. The duration of a paroxysm sometimes does not exceed two

Diagram Showing How the Heart is Connected Up with the Sympathetic Nervous System. A Cramp in the Heart Muscle Shoots Excruciating Pains All Over the Chest and Arms, and a Suffocating Sensation in the Throat.



Mrs. W. K. Vanderbilt.

anything goes wrong the nervous system responds. If I knock my ulnar nerve near the elbow I feel pain distributed to my fingers; that is the most familiar example of a nerve giving pain from irritation of the trunk referred to the periphery and appreciated by the brain.

"The pain of angina pectoris is exactly the same in its philosophy as the pain you have in your hand when you hit your elbow. It is due to the irritation of a sensory nerve."

Dr. Bishop then gives these two instances of patients who came to him suffering the excruciating pains of this disease:

"The first came to me in 1908, complaining that whenever he started to walk he was seized with a pain which he described as gripping him at the throat and spreading down his left arm to his fingers—a pain which at times was excruciating."

"I think the second man's description of the pain of angina pectoris was unique. He said that when a boy he once had a cold, with pain in his chest, and his mother put a plaster on his chest. He was a vigorous young fellow, and his chest was covered with hair. He got over his cold and wanted to go in swimming one day and he thought his plaster constricted his chest, so he pulled it off. He said it hurt pretty badly—I won't use his exact words—and the pain he had when he pulled that plaster off, pulling the hair with it, was the same pain he suffered when he had these heart attacks. Curiously enough, when he told me about this I called in the other gentleman who happened to be in the room and the latter said he had the same pain and thought it a very graphic description."

"The problem of treating angina pectoris is the problem of taking care of the heart muscle. In the first place, if we can prove an intestinal putrefaction we can continuously treat that with such different methods as suggest themselves. The few plain diet, outdoor exercise and the use of castor oil at regular repeated intervals are the most essential parts of the treatment."

"Where the greatest harm is done in meeting emergencies is by the injudicious use of morphine. I cannot subscribe to the belief that is common, that morphine is harmless in emergencies that occur in the course of arteriosclerosis. Whether the attacks of angina pectoris that have called for morphine have been worse I do not know, but I have a distinct impression that the fatalities of attacks so treated have been much more numerous than can be accounted for in this way."

In this last sentence Dr. Bishop means to say that the high percentage of deaths where the pain is relieved by opiates is not due to the angina pectoris, but to the morphine—a diseased and weakened heart must not be menaced by a drug which is a heart depressor.

Mr. Vanderbilt's Daughter, Consuelo, Duchess of Marlborough; the Famous Vanderbilt Yacht "Valiant," and the Vanderbilt Summer Home, "Idle Hour," on Long Island.

or three minutes, but it may last for a longer period. The attacks are apt to recur on slight exertion, and even in aggravated cases without any such exciting cause. Occasionally the first seizure proves fatal; but more commonly death takes place only after repeated attacks.

Dr. Louis Faugeres Bishop, the distinguished New York heart specialist, in his book, "Arteriosclerosis," discusses the relationship of damaged arteries, heart diseases and the pains of angina pectoris. Dr. Bishop writes:

"The man with arteriosclerosis (hardening of the arteries) in its full development is familiar to all physicians. The ruddy visitor to our office, with prominent temporal arteries, the shininess of eye and the unmistakable look that suggests arteries, we know only too well. We can guess before he tells us that he has been rejected for life insurance, or has noticed a discomfort in the front of his chest, either after

eating or on exertion. We can surmise that he has been a great eater of many protein foods, or has had some severe illness or nervous strain in the past that has rendered him vulnerable to some special proteins. We know that he will tell us that he considered himself a particularly strong person and that he is much surprised that he, of all men, should find himself out of order."

Passing to the matter of angina pectoris, Dr. Bishop writes:

"I believe that angina pectoris is invariably a cardiac (heart) pain, and originates in the heart muscle. The fact that these attacks are precipitated by the slightest exertion is fairly certain evidence that the origin is in the heart muscle. Upon the slightest exertion the blood pressure is immediately slightly raised, bringing a sudden temporary increase in the work of the heart, and in certain conditions of disease of the heart muscle precipitates an attack of pain. It is hard to escape the idea that

there is a cramp in some of the fibres of the heart.

"Muscular cramp is what causes pain. Everyone has had, some time or another, a pretty bad pain. The pain of angina pectoris is due to the fact that there is disease of the heart muscle, that certain of the fibres of the heart are debilitated and weak, and these fibres are not able to respond properly to some demand upon them; this is the cause of cardiac pain. It has its origin in the heart muscle, and is due to weakness of certain fibres of the heart. So, when one of these men I have spoken of felt pain over his heart after extra work it was because the heart tried to respond and some of the fibres were unable to do so easily; this gave rise to a pain and that pain was referred to the surface of the body."

"I believe that all cardiac pain has its origin in the heart muscle."

"Angina pectoris is only an example of a reflex protective phenomenon. When

